



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6404

|                                    |   |                     |                               |                                       |
|------------------------------------|---|---------------------|-------------------------------|---------------------------------------|
| <b>SERIAL NUMBER</b><br>09/927,415 | <b>FILING DATE</b><br>08/10/2001<br><b>RULE</b> | <b>CLASS</b><br>600 | <b>GROUP ART UNIT</b><br>3736 | <b>ATTORNEY DOCKET NO.</b><br>IMM116B |
|------------------------------------|---|---------------------|-------------------------------|---------------------------------------|

**APPLICANTS**  
Louis B. Rosenberg, San Jose, CA;

**\*\* CONTINUING DATA \*\*\*\*\*** *Yes A.M.*  
THIS APPLN CLAIMS BENEFIT OF 60/224,584 08/11/2000  
AND CLAIMS BENEFIT OF 60/231,844 09/11/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *None A.M.*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 09/14/2001**

|   |                               |                            |                           |                                |
|---|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>3 | <b>TOTAL CLAIMS</b><br>27 | <b>INDEPENDENT CLAIMS</b><br>3 |
|---|-------------------------------|----------------------------|---------------------------|--------------------------------|

35 USC 119 (a-d) conditions met  
☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged  
Examiner's Signature: *Anne M. [Signature]* Initials: *AM*

**ADDRESS**  
Immersion Corp. # 022903  
801 Fox Lane  
San Jose, CA 95131

**TITLE**  
Haptic sensations for tactile feedback interface devices

|                                   |   |   |
|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>996 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other<br><input type="checkbox"/> Credit |
|-----------------------------------|---|---|